PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number				
Effective January 1, 2003									101	72	07	45	
CLAIMS AS FILED - PART I							5	SMALL	ENTITY		OTHER	THAN	
TOTAL CLAIMS (Column 1) (Column 2)								TYPE [OR	SMALL		
			1-8					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 375.00	OR	BASIC FEE	750.00	
TC	TAL CHARGE	18 minus 20=		• (. Ø		X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		Ø			X42≈		OR	X84=		
MR	JLTIPLE DEPE	NDENT CLAIM P	RESENT						+	100			
* (1	the difference	' . l	+140=		OR	+280=	220						
CLAIMS AS AMENDED - PART II									L	OR	TOTAL	70	
						(Column 3)	٠ _	SMALL	ENTITY	ÖR	OTHER SMALL		
AMENDMENTA		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	1. 20	Minus	- 2	0	-		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	NTATION OF M	Minus ULTIPLE DE	PENDENT	CLAIM	-		X42=		OR	X84= .		
								+140≃		OR	+280=		
								TOTAL		ОЯ	TOTAL ADDIT, FEE		
_		(Column 1)		(Colun		(Column 3)	À.						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	dek		•		X\$ 9=		OR	X\$18=		
	Independent	ALTATION OF AU	Minus	***	01.010.0	-	П	X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
							<u>.</u>	TOTAL		ОЯ	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)											AUUN. FEEI		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
WQ.	Total	•	Minus	AN		=	1	X\$ 9=	100		V#10		
E E	Independent	*	Minus	***		τ	1	X42=		OR	X\$18=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X84=		
							١.	+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" TOTAL OR TOTAL													
-	the "Highest Nur	mber Previously Paid ber Previously Paid	Id For IN THE	S SPACE is	less than	3. enter "3."	AL.	OIT. FEE Lin the an	omoriale be-		WOIT. FEE		
	-				.,			u .o ap	- opridia 001		priser 1.		

FORM PTO-073 (Rev. 12/02)

*U.S. Government Printing Office: 2003-499-454/79011

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